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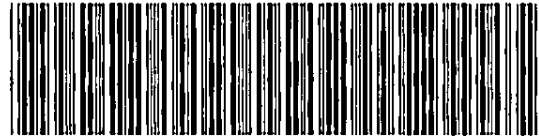
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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

YOUTH FIT CHARITY, INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural persons(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

The name of the corporation is:

YOUTH FIT CHARITY, INC.

ARTICLES II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLES III - PURPOSE

Drawing on our knowledge and expertise, we are ensuring overweight children receive the right tools and techniques to create healthy nutrition and exercise habits for life.

ARTICLES IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares (100) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME SIMI POTHEN

ADDRESS 395 WINGATE CIRCLE

CITY OLDSMAR, FL 34677

The name and street address of the Initial Registered Agent of this Corporation is:

NAME SIMI POTHEN

ADDRESS 395 WINGATE CIRCLE

CITY OLDSMAR, FL 34677

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JAN - 7
AM 12:07
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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME SIMI POTHEN

ADDRESS 395 WINGATE CIRCLE

CITY OLDSMAR STATE FL ZIP 34677

NAME FAY MARAKAS

ADDRESS 28784 US HIGHWAY 19 N.

CITY CLEARWATER STATE FL ZIP 33761

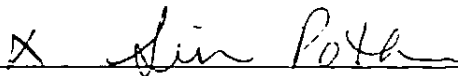
NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

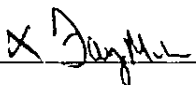
ARTICLE VII – INCORPORATORS

The name(s) and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME SIMI POTHEN *X* 

ADDRESS 395 WINGATE CIRCLE

CITY OLDSMAR STATE FL ZIP 34677

NAME FAY MARAKAS *X* 

ADDRESS 28784 US HIGHWAY 19 N.

CITY CLEARWATER STATE FL ZIP 33761

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

**CERTIFICATE AND ACKNOWLEDGMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

YOUTH FIT CHARITY, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Corporation

at 395 WINGATE CIRCLE

OLDSMAR, FL 34677

has named SIMI POTHE

located at the aforesaid address, as its Registered Agent, to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

S x Simi Pothe
(registered agent)